

Miss Elaine Hawthorn

Church Lane Dental Practice

Inspection Report

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Overall summary

We undertook a follow up focused inspection of Church Lane Dental Practice on 12 November 2018. This inspection was carried out to review in detail the actions taken by the registered provider to improve the quality of care and to confirm that the practice was now meeting legal requirements.

The inspection was led by a CQC inspector.

We undertook a comprehensive inspection of Church Lane Dental Practice on 7 June 2018 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We found the registered provider was not providing well led care in accordance with the relevant regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can read our report of that inspection by selecting the 'all reports' link for Church Lane Dental Practice on our website www.cqc.org.uk.

When one or more of the five questions are not met we require the service to make improvements and send us an action plan. We then inspect again after a reasonable interval, focusing on the areas where improvement was required.

As part of this inspection we asked:

- Is it well-led?

Our findings were:

Are services well-led?

We found this practice was providing well-led care in accordance with the relevant regulations.

The provider had made improvements in relation to the regulatory breach we found at our inspection on 7 June 2018.

Background

Church Lane Dental Practice is in Harpurhey and provides NHS and private treatment to adults and children.

There is level access for people who use wheelchairs and those with pushchairs. On street parking is available near the practice.

The dental team includes five dentists, seven dental nurses (one of which is a trainee), a dental hygiene therapist and a practice manager. The practice has three treatment rooms.

The practice is owned by an individual who is the principal dentist there. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

During the inspection we spoke with the principal dentist, the practice manager and dental nurses. We looked at practice policies and procedures and other records about how the service is managed.

Monday to Thursday 9:30am to 1pm and 2pm to 5:30pm

Summary of findings

Friday 9.30am to 3pm

Our key findings were:

- The practice had systems to identify and manage risk effectively. Improvements had been made in relation to hazardous substances, Legionella and fire safety.
- Emergency equipment and medicines were available as described in recognised guidance.
- The practice had improved safeguarding training processes.
- Staff files had been reviewed and now contained all the required evidence, including DBS checks and immunity.
- The safety and use of radiography had been reviewed.
- The system to audit radiography and infection prevention and control had been improved.
- Infection prevention and control procedures had been reviewed and improvements made in line with The Health Technical Memorandum 01-05: Decontamination in primary care dental practices
- The practice had signed up to, and funded access to an online training provider for all staff.
- The practice was engaging with the locality Oral Health Promotion Unit and participating in local oral health improvement projects.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

We asked the following question(s).

Are services well-led?

We found that this practice was providing well-led care in accordance with the relevant regulations.

The provider had made improvements to the management of the service. The improvements provided a sound footing for the ongoing development of effective governance arrangements at the practice.

We saw how the principal dentist and practice manager had worked together with support from staff to prioritise the areas of concern to ensure that appropriate action was taken to address them. They introduced systems to prevent the re-occurrence of the concerns.

The practice had systems to identify and manage risk effectively. Risk assessments and action plans were in place and we saw evidence of improvement. For example, in the areas of radiography, staff immunity, Emergency medical equipment, Legionella, hazardous substances and the validation of decontamination equipment.

Staff files had been reviewed and now contained evidence to demonstrate effective recruitment procedures.

No action



Are services well-led?

Our findings

At our previous inspection on 7 June 2018 we judged it was not providing well led care and told the provider to take action as described in our requirement notice. At the inspection on 12 November 2018 we found the practice had made the following improvements to comply with the regulation:

- The practice had implemented the recommendations from the Legionella risk assessment. Water temperature testing was in place, water vessels were clean and additional staff training was scheduled for December 2018 to ensure all staff were aware of the risks and control measures.
- Staff had carried out risk assessments of hazardous substances in line with Control of Substances Hazardous to Health (COSHH) regulations 2002. This led to a change in the way staff stored and disposed of some containers, ensuring expired products are identified and removed.
- The sharps risk assessment had been reviewed and further improvements made by using disposable dental matrices.
- The practice had obtained the immunity status of clinical staff. Some staff members were waiting to receive booster vaccinations against Hepatitis B. Access to vaccinations had been affected by national shortages. Risk assessments were in place for these individuals.
- Infection prevention and control procedures had been reviewed and improvements made in line with The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health and Social Care. For example:
 - disposable spatulas were used and reusable ones disposed of.
 - soil and protein tests were routinely carried out on the ultrasonic cleaner to ensure the efficacy of the cleaning process.
 - A thermometer was used to ensure the temperature of water used for manual cleaning instruments was under 45 degrees centigrade.

- A system was introduced to check dental instruments were pouched appropriately, cleanliness and quality of instruments and ensure all reprocessible instruments were re-sterilised in line with HTM 01-05.
- Emergency medical equipment and medicines were available as described in recognised guidance.
- A system was in place to carry out Disclosure and Barring Service (DBS) checks on all newly employed staff. New staff files were in place to ensure consistency.
- A fire risk assessment had been carried out in July 2018 and all recommendations acted on. For example, fire extinguishers had been replaced with the appropriate type and additional units fitted to comply with the Regulatory Reform (Fire Safety) Order 2005. Records showed that fire detection equipment, such as smoke detectors and emergency lighting, were regularly tested. Plans were in place to install a fire alarm system.
- The provider had reviewed the routine test results from radiography equipment which had highlighted the dosage from one X-ray machine was higher than within accepted parameters. They reviewed the process to service and maintain radiography equipment and obtained specialist advice in relation to radiographic safety. The results from the most recent routine tests carried out in July 2018 showed the dosage of X-ray machines were now satisfactory.

We saw how the principal dentist and practice manager had worked together with support from staff to prioritise the areas of concern to ensure that appropriate action was taken to address them. They introduced systems to prevent the re-occurrence of the concerns. Staff welcomed the inspection process and were proud of the improvements that had been made. They were knowledgeable about issues and priorities relating to the quality and future of services.

The practice had also made further improvements:

- Staff carried out risk assessments when providing dental care in domiciliary settings such as care homes or in people's residence.
- The practice stored and kept records of NHS prescriptions as described in current guidance.
- Staff had completed training on the Mental Capacity Act 2005.

Are services well-led?

- An effective system was in place for receiving and acting on safety alerts.
- Staff carried out radiography and infection prevention and control audits. They had clear records of the results of these audits and the resulting action plans and improvements.
- Translation services were available and information provided to staff.
- The provider had improved the processes for staff to report any issues or incidents and highlight positive events and patient interactions.
- We saw evidence that staff had completed safeguarding training.

The practice was building on these improvements by engaging with the locality Oral Health Promotion Unit and participating in local oral health improvement projects. For example, the Greater Manchester Healthy Living Dentistry

(HLD) project. This project is focused on improving the health and wellbeing of the local population by helping to reduce health inequalities. The practice made a commitment to deliver the health promotion lifestyle campaigns, such as stop smoking, alcohol awareness and diet together with oral screening and oral health assessments including fluoride varnish. Staff were undergoing training to deliver the programme effectively.

The practice had signed up to, and funded access to an online training provider for all staff to easily access training identified as essential by the practice, and 'highly recommended' training as per General Dental Council professional standards. We saw a training timetable had been introduced to ensure staff were up to date with this.

These improvements showed the provider had acted to improve the quality of services for patients and comply with the regulation when we inspected on 12 November 2018.